**NCNH DISTRICT of ARS**
**CONSULTING ROSARIAN CREDIT FOR ATTENDING A LECTURE**

District: _____NCNH_____ Today's Date: _____

Date and time of seminar: _____

Location of seminar: _____

Program name and topic description:

_____

_____

_____

_____

Program speaker's name(s) and background information:

_____

_____

_____

_____

COMPLETE THIS FORM AND SEND TO THE DISTRICT CR CHAIRMAN BEFORE THE END OF THE REPORTING PERIOD.

Rebecca Shaw
155 North Avenue
Reno, NV 89508-8039
RoseChair99@gmail.com

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**FOR ARS OFFICE USE ONLY – COPIES TO**

**NATIONAL CHAIRMAN**_____
**(SIGNTURE)**

**DISTRICT CR CHAIRMAN** _____
**(SIGNATURE)**

Rev. 2022